

**HEALTHY SCHOOLS! HEALTHY KIDS! ORAL HEALTH SCHOOL SURVEY
SCHOOL DISTRICT QUESTIONNAIRE**

Name: _____ School District: _____
Position: _____ Phone: _____ Fax: _____

Name(s) and phone number(s) of _____
your school district dentist(s): _____

Name(s) and position(s) of other _____
oral health staff: _____

Who performs the state-mandated dental screenings?
☐ School Dentist ☐ Hygienist ☐ Other: _____

What equipment/materials are used during these screenings?
☐ Cotton rolls ☐ Light source ☐ Explorer ☐ Mirror
☐ Disposable gloves ☐ Throat stick ☐ Dental chair ☐ Other: _____

Oral health services or programs offered to students in your district:

Fluoride Mouthrinse	<input type="checkbox"/> School-based	<input type="checkbox"/> School-linked	<input type="checkbox"/> Both	<input type="checkbox"/> Not provided
Topical Fluoride	<input type="checkbox"/> School-based	<input type="checkbox"/> School-linked	<input type="checkbox"/> Both	<input type="checkbox"/> Not provided
Cleaning	<input type="checkbox"/> School-based	<input type="checkbox"/> School-linked	<input type="checkbox"/> Both	<input type="checkbox"/> Not provided
Sealant Application	<input type="checkbox"/> School-based	<input type="checkbox"/> School-linked	<input type="checkbox"/> Both	<input type="checkbox"/> Not provided
Fillings	<input type="checkbox"/> School-based	<input type="checkbox"/> School-linked	<input type="checkbox"/> Both	<input type="checkbox"/> Not provided
Other: _____	<input type="checkbox"/> School-based	<input type="checkbox"/> School-linked	<input type="checkbox"/> Both	<input type="checkbox"/> Not provided

Health education topics taught in your district:

Oral Hygiene	<input type="checkbox"/> Yes	Grades: _____	<input type="checkbox"/> No
Tobacco Prevention	<input type="checkbox"/> Yes	Grades: _____	<input type="checkbox"/> No
Nutrition	<input type="checkbox"/> Yes	Grades: _____	<input type="checkbox"/> No
Use of Protective Equipment (ex: mouthguards)	<input type="checkbox"/> Yes	Grades: _____	<input type="checkbox"/> No
Oral Health Services	<input type="checkbox"/> Yes	Grades: _____	<input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes	Grades: _____	<input type="checkbox"/> No

Does your district require the use of face/mouth protection during sports activities? ☐ Yes ☐ No
Please list: _____

Annual dental budget for your school district: _____

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

HEALTHY SCHOOLS! HEALTHY KIDS! ORAL HEALTH SCHOOL SURVEY

Name: _____ School: _____ Position: _____

Address: _____

Phone: _____ Fax: _____

What grades participate in state-mandated dental screenings? _____

How many students were screened during the last school year? _____

What school staff assist with these screenings? _____

What school staff make oral health referrals? _____

During the last school year, how many students were referred for further treatment based on the school screening? _____ How many were emergency cases? _____

How many of these students actually received further treatment? _____

Barriers to students receiving the treatment indicated by school screening: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No commercial or public dental insurance | <input type="checkbox"/> Parent issues |
| <input type="checkbox"/> Inadequate insurance (needed services not covered) | <input type="checkbox"/> Student issues |
| <input type="checkbox"/> Providers do not accept student's insurance | <input type="checkbox"/> Barriers not known |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No barriers |

Oral health services or programs offered to students in your school:

- | | | | | |
|---------------------|---------------------------------------|--|-------------------------------|---------------------------------------|
| Fluoride Mouthrinse | <input type="checkbox"/> School-based | <input type="checkbox"/> School-linked | <input type="checkbox"/> Both | <input type="checkbox"/> Not provided |
| Topical Fluoride | <input type="checkbox"/> School-based | <input type="checkbox"/> School-linked | <input type="checkbox"/> Both | <input type="checkbox"/> Not provided |
| Cleaning | <input type="checkbox"/> School-based | <input type="checkbox"/> School-linked | <input type="checkbox"/> Both | <input type="checkbox"/> Not provided |
| Sealant Application | <input type="checkbox"/> School-based | <input type="checkbox"/> School-linked | <input type="checkbox"/> Both | <input type="checkbox"/> Not provided |
| Fillings | <input type="checkbox"/> School-based | <input type="checkbox"/> School-linked | <input type="checkbox"/> Both | <input type="checkbox"/> Not provided |
| Other: _____ | <input type="checkbox"/> School-based | <input type="checkbox"/> School-linked | <input type="checkbox"/> Both | <input type="checkbox"/> Not provided |

Health education topics taught in your school:

- | | | | |
|---|------------------------------|---------------|-----------------------------|
| Oral Hygiene | <input type="checkbox"/> Yes | Grades: _____ | <input type="checkbox"/> No |
| Tobacco Prevention | <input type="checkbox"/> Yes | Grades: _____ | <input type="checkbox"/> No |
| Nutrition | <input type="checkbox"/> Yes | Grades: _____ | <input type="checkbox"/> No |
| Use of Protective Equipment (ex: mouthguards) | <input type="checkbox"/> Yes | Grades: _____ | <input type="checkbox"/> No |
| Oral Health Services | <input type="checkbox"/> Yes | Grades: _____ | <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes | Grades: _____ | <input type="checkbox"/> No |

Who teaches these topics? ☐ Health Educator
☐ Classroom Teacher
☐ School Nurse Teacher
☐ Oral Health Professional
☐ Other: _____

In what setting? ☐ Health Class
☐ Regular Classroom
☐ Assembly/Presentation
☐ Materials Sent Home
☐ Other: _____

Are oral health education programs offered to parents at or through your school? ☐ Yes ☐ No

Does your school require the use of face/mouth protection during sports activities? ☐ Yes ☐ No

Please list: _____

During the past school year, how many oral injuries occurred on school grounds that necessitated medical intervention? _____

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

SUMMARY -SCHOOL DISTRICT ORAL HEALTH SURVEY (1998-1999 School Year) ¹

SCHOOL DISTRICT	DENTAL SCREENING	OTHER SERVICES/ PROGRAMS OFFERED ²	ORAL HEALTH EDUCATION ³	FACE/MOUTH PROTECTION FOR SPORTS ⁴	ANNUAL DENTAL BUDGET
Barrington	X		X	X	\$2,000
Bristol-Warren	X		X	X	\$5,000
Burrillville			X		0
Central Falls	X	X	X	X	\$1,800
Chariho	X		X	X	\$2,570
Coventry	X		X	X	\$5,480
Cranston	X		X	X	\$10,920
Cumberland	X		X	Unknown	Unknown
East Greenwich	X		X	X	Unknown
East Providence	X		X	X	Unknown
Exeter-West Greenwich	X		X	X	Unknown
Foster	⁵				0
Glocester	X		X	X	\$500
Foster-Glocester	NR	NR	NR	NR	NR
Jamestown	X		X	X	\$250
Johnston	X		X	X	Unknown
Lincoln	X		X	X	Unknown
Little Compton	X		X		Unknown
Middletown	X		X	X	\$2,000
Narragansett	NR	NR	NR	NR	NR
Newport	X		X	X	\$1,400
New Shoreham	X	X	X		\$10,500
North Kingstown	X	X	X	X	Unknown
North Providence	X		X	X	\$4,000
North Smithfield	NR	NR	NR	NR	NR
Pawtucket	NR	NR	NR	NR	NR
Portsmouth	X		X	X	\$2,000
Providence	X	X	X	X	\$100,000
Scituate	X		X		\$2,550
Smithfield	X		X		\$1,750
South Kingstown	X		X		Unknown
Tiverton	X		X	X	\$1,750
Warwick ⁶			X		Unknown
Westerly	X		X		\$3,500
West Warwick ⁷			X	X	<\$5,000
Woonsocket	X		X	X	Unknown

NR = Non-respondent; school nurse teacher district coordinator (SNT) did not respond to the survey.

Unknown = Not known/not reported by SNT.

¹ 1999 Fax Survey of SNT District Coordinators conducted by RI Department of Health (1998-1999 School Year).

² Other oral health services/programs offered in schools may include fluoride mouthrinses, topical fluorides, cleanings, sealants, and/or fillings. Programs may be school-based and/or school-linked.

³ Oral health education is highly variable; may include a single lesson on oral hygiene or be integrated with tobacco prevention and/or nutrition curricula.

⁴ Face/mouth protection policies are highly variable; typically only for some interscholastic sports at secondary level.

⁵ Foster SNT reports that students go to their private dentists for state-mandated dental screening.

⁶ No school dentist in Warwick at the time of the survey. For 2000-2001, Warwick has contracted with a dentist.

⁷ West Warwick's school dentist retired in 12/2000; district is seeking a replacement.